Mar. 28. 2012 9:42AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 8253 PRINTED: 03/15/2012 FORM APPROVED OMB NO. 0938-0391

۲. 2

| NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER NAME HEALTHCARE, KNOXVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PILL). REGULATORY OR LSC IDENTIFYING INFORMATION) F 514 483,75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LET The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility falled to ensure the medical record was complete for one (#1) of five residents; reviewed. The findings included: Resident #1 was admitted to the facility on October 13, 2011, with diagnoses including Right Hip Fracture, Hyperfension, Gastroesphageal Refutux Disease, Dementia, Rheumatold Arthilis and was discharged home with Home Health on January 6, 2012. Medical record review of the Minimum Data Set dated October 17, 2011, revealed the resident had severe impairment in cognitive skills and required extensive assistance of one person physical assistance for eating. | A SULCIONS A STREET ADDRESS, CITY, STATE, 2P CODE 996 EAST EMERALD AVE PROVIDER OR SUMPLY STATEMENT OF DEFICIENCIES PRETENT PROTECT PROTECT PROTECT PRETENT PROTECT PRETENT PROTECT PROTECT PROTECT PROTECT PROTECT P | | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|--|--|------------------------|--|--|----------------------------|--|---|------------|--|
| NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, KNOXVILLE OR ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFIANS INFORMATION) FREETY TAG F 514 483.75(()(1) RES RECURD S-COMPLETE IACCURATE IACCESSIB LES The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately dociumented; readily accessible; and systematically organized. The clinical record must contain sufficient Information to identify the resident; a record of the resident's assessments; the plan of care and services provided, the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure the medical record was complete for one (#1) of five residents reviewed. The findings included: Resident # was admitted to the facility on October 13, 2011, with diagnoses including Right Hip Fracture, Hypertension, Gastroesophageal Reflux Disease, Dementia, Rheumaticial Atthrilis and was discharged home with Home Health on January 6, 2012. Medical record review of the Minimum Data Set dated October 17, 2011, revealed the resident had severe impairment in cognitive skills and required extensive assistance of one person physical assistance for eating. | NAME OF PROVIDER OR SUPPLER NHC HEALTHCARE, KNOXVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY TILL RECOULTORY OR LSC IDENTIFYING INFORMATION) PRETEX (EACH DEFICIENCY MUST BE PRECEDED BY TILL RECOULTORY OR LSC IDENTIFYING INFORMATION) PRETEX (EACH DEFICIENCY MUST BE PRECEDED BY TILL RECOULTORY OR LSC IDENTIFYING INFORMATION) PRETEX (EACH DEFICIENCY MUST BE PRECEDED BY TILL RECOULTORY OR LSC IDENTIFYING INFORMATION) PRETEX (EACH DEFICIENCY) PRETEX (EACH DEFICI | AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | A. BUILDING | | 10 TO THE RESERVE OF | | |
| NRC HEALTHCARE, KNOXVILLE Copyright C | NRC HEALTHCARE, KNOXVILLE Coal ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) | | 445098 | | | | | 03/15/2012 | |
| PREFIX TAG F514 88=D F514 F514 RECORDS-COMPLETE/ACCURATE/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient Information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Rased on medical record review and interview, the facility falled to ensure the medical record was complete for one (#1) of five residents reviewed. The findings included: Resident #1 was admitted to the facility on October 13, 2011, with diagnoses including Right Hip Fracture, Hypertension, Gastroesophageal Reflux Disease, Dementia, Rheumatolid Arthrilis and was discharged home with Home Health on January 6, 2012. Medical record review of the Minimum Data Set dated Colober 17, 2011, revealed the resident had severe impairment in cognitive skills and required extensive assistance of one person physical assistance for eating. | PREFIX TAG PREFIX TAG SS=D F 514 48.75(I)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient Information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This pan of correction is submitted as required under State and Pederal law and does not constitute an admission on the part of the facility, that the findings cited are correctly applied. F 514 This plan of correction is submitted as required under State and Pederal law and does not constitute an admission on the part of the facility, that the findings cited are correctly applied. F 514 This plan of correction is submitted as required under State and Pederal law and does not constitute an admission on the part of the facility, that the findings cited are correctly applied. F 514 This plan of correction is submitted as required under State and Pederal law and does not constitute an admission on the part of the facility, that the findings cited are correctly applied. F 514 This plan of correction is submitted as required under State and Pederal law and does not constitute an admission on the part of the facility, that the findings cited are correctly applied. F 514 This plan of correction is submitted as required under State and Pederal law and does not constitute an admission on the part of the facility, that the findings cited are correctly applied. F 514 This plan of correction is submitted as required under State and Pederal law and does not constitute an admission on the part of the facility, that the findings cited constitute an admission on the part of the facility, that the findings cited are correctly applied. F 514 This plan of correction | | | | 809 EAST EMERALD AVE | | | | |
| F 514 4 83.75(i)(1) RES ECORDS-COMPLETE/ACCURATE/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient Information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility falled to ensure the medical record was complete for one (#1) of five residents reviewed. The findings included: Resident #1 was admitted to the facility on October 13, 2011, with diagnoses including Right Hip Fracture, Hypertension, Gastroesophageal Reflux Disease, Dementia, Rheumatold Arthritis and was discharged home with Home Health on January 6, 2012. Medical record review of the Minimum Data Set dated October 17, 2011, revealed the resident had severe impairment in cognitive skills and required extensive assistance of one person physical assistance for eating. | F 514 4 88.750(I)1 RES SED RECORDS-COMPLETE/ACCURATE/ACCESSIB LE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient Information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT Is not met as evidenced by: Based on medical record review and interview, the facility falled to ensure the medical record was complete for one (#1) of five residents reviewed. The findings included: Resident #1 was admitted to the facility on October 13, 2011, with diagnoses including Right Hip Fracture, Hypertension, Gastroesophageal Reflux Disease, Dementia, Rheumatold Arthritis and was discharged home with Home Health on January 6, 2012. Medical record review of the Minimum Data Set dated October 17, 2011, revealed the resident had severe impairment in cognitive skills and required extensive assistance of one person physical assistance for eating. | PREFIX | VENCH DEFICIENCY | MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHO) GROSS-REFERENCED TO THE APPR | ULD BE | | |
| | VENDATE | F 514 | 483.75(I)(1) RES RECORDS-COMPILE The facility must maresident in accorda standards and practaccurately docume systematically orgation accurately documents and progress notes. This REQUIREMENT by: Based on medical the facility falled to was complete for or reviewed. The findings include Resident #1 was accurately document accurately dated or accurately document accurately dated or accurately document accurately document accurately dated or accurately document accura | aintain clinical records on each nice with accepted professional tices that are complete; need; readily accessible; and nized. must contain sufficient ify the resident; a record of the ents; the plan of care and the results of any enling conducted by the State; NT is not met as evidenced record review and interview, ensure the medical record ne (#1) of five residents ed: Imitted to the facility on with diagnoses including Right tension, Gastroesophageal mentia, Rheumatoid Arthritis d home with Home Health on ew of the Minimum Data Set 2011, revealed the resident nessistance of one person | | This plan of correction is submitt required under State and Federal does not constitute an admission of the facility, that the findings cited of deficiency, or that the scope and regarding any of the deficiencies correctly applied. 1 We immediately had the super at current labs (including potassium ensured that correct administration supplemental potassium was given documented. 2 No other residents were found been affected by this. 3 Multiple mandatory staff mee be done to ensure all staff is famil regulation cited. 4 The DON (or designee) will mandom patients over the next few | visor look n) and of and to have tings will iar with the | 4/29/2012 | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolute

- Mar. 28. 2012 9:42AM

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 8253_{RIN1}P. 3_{03/15/2}012 FORM APPROVED OMB NO. 0938-0391

| CENTERS FOR MEDICARE & MEDICAID SERVICE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|---|-------------------------------|--------------------|
| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | | C | |
| | 445098 | | B. WING | | 03/15 | /2012 |
| NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, KNOXVILLE | | 80 | EET ADDRESS, CITY, STATE, ZIP CODE 19 EAST EMERALD AVE NOXVILLE, TN 37917 | | | |
| NHC HEX | | | ID | PROVIDER'S PLAN OF CORRECT | CTION | (X5) COMPLETION |
| (X4) ID PREFIX TAG | (EARL DECIDIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | ROPRIATE | DATE |
| F 514 | Continued From pa | age 1 . | F 514 | 6 | | |
| ¥ | Medical record revi October 24, 2011, (low)Reference R | ew of a laboratory report dated revealed "Potassium 3.0 L Range3.5-5.0" | | | | 1 |
| | dated October 24, | iew of a Physician's Order 2011, revealed, "Extra KCL le) 40 mEq (milliequivalent) x 1 KCL to 20 mEq po (by mouth) | | | | |
| | Medical record review of the October, 2011, Medication Administration Record revealed no documentation the KCL was administered on October 24, 2011. | | | | e e | 9 |
| | November 29, 201 | iew of a laboratory report dated 1, revealed "Basic Metabolic 2,8Reference 1agneslum 1,7Reference | æ | 10 00 | | |
| | dated November 2 | iew of a Physician's Order 9, 2011, at 8:00 a.m., revealed, Q 6 hrs x 4 doses. Repeat K se. Then resume KCL 20 mEq | | | | |
| | Administration Rec | iew of the Medication cord dated November 1, 2011 30, 2011, revealed no Potassium Chloride 40 mEq on November 29, 2011, at 9:00 | | | | |
| | the Director of Mur | n 14, 2012, at 1:35 p.m., with sing (DON), in the DON's o documentation the Potassium | | , | | |

Mar. 28. 2012 9:42AM

DEL'ARTMENT OF HEALTH AND HUMAN SERVICES

No. 8253_{PRIN}^P: 4 03/15/2012 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | | |
|---|---------------------|---|------------------------|-----|---|------------|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERS IDENTIFICATION | | IDENTIFICATION NUMBER: | A. BUILDING | | | COMPLETED | |
| | | ,, | B. WING | | | 03/15/2012 | |
| 445098 | | | | | LEET ADDRESS, CITY, STATE, ZIP CODE | 03/1 | 3/2012 |
| | ROVIDER OR SUPPLIER | | | | 09 EAST EMERALD AVE | * | |
| NHC HE | ALTHCARE, KNOXVII | LE . | | К | NOXVILLE, TN 37917 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | FACH CORRECTIVE ACTION | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| F 514 | Chloride was admlr | ge 2 histered on October 24, 2011, 2011, at 9:00 a.m., and 3:00 | F | 514 | | | |
| | | | | | | | |
| | • | | | | | •0 | |
| | | | | | 200 | · Se | |
| | | | * | | 9 | | |
| | | | | | | | |